

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>8/2/05</u>	2 Serial/Patent # <u>101805</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	
<input checked="" type="checkbox"/> Filing		<u>1</u>	<u>1-11-05</u>	<u>\$ 100</u>
<input type="checkbox"/> Amendment				<u>\$</u>
<input type="checkbox"/> Extension of Time				<u>\$</u>
<input type="checkbox"/> Notice of Appeal/Appeal				<u>\$</u>
<input type="checkbox"/> Petition				<u>\$</u>
<input type="checkbox"/> Issue				<u>\$</u>
<input type="checkbox"/> Cert of Correction/Terminal Disc.				<u>\$</u>
<input type="checkbox"/> Maintenance				<u>\$</u>
<input type="checkbox"/> Assignment				<u>\$</u>
<input type="checkbox"/> Other				<u>\$</u>
		7 TOTAL AMOUNT OF REFUND	<u>\$ 100</u>	
		8 TO BE REFUNDED BY:		
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment <input checked="" type="checkbox"/> Credit Deposit A/C #: <input type="checkbox"/> Duplicate Payment , <u>15--0030</u> <input type="checkbox"/> No Fee Due (Explanation):		
11 REFUND REQUESTED BY:		TYPED/PRINTED NAME: <u>A Johnson</u> TITLE: <u>paralegal</u> SIGNATURE: <u>A Johnson</u> PHONE: <u>308-9940</u> OFFICE: <u>PT</u> **** THIS SPACE RESERVED FOR FINANCE USE ONLY ****		
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B